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Bib Data Sheet

CONFIRMATION NO. 7923

SERIAL NUMBER 09/770,369	FILING DATE 01/26/2001 RULE	CLASS 385	GROUP ART UNIT 2839	ATTORNEY DOCKET NO. 4450-0398P
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APPLICANTS

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** CONTINUING DATA *none Cfd*** FOREIGN APPLICATIONS *none Cfd*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/01/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Faceplate electrostatic discharge attenuating waveguide

FILING FEE RECEIVED 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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